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PTO/SB/30 (10-01)

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REQUEST **FOR CONTINUED EXAMINATION (RCE)** TRANSMITTAL

Address to: **Commissioner for Patents Box RCE** Washington, DC 20231

to respond to a conceded of information unless it desplays a valid divine county manage	
Application Number	10/708,659
Filing Date	March 21, 2004
First Named Inventor	COLLARD ET AL 1
Art Unit	3714
Examiner Name	Suhol, D
Allomey Docket Number	COLLARD ET AL 1

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.	
1. [Submission required under 37 CFR 1.114] a. [] Previously submitted i. [] Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered). ii. [] Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. [] Other	
b. [] Enclosed i. [X] Amendment/Reply ii. [] Affidavit(s)/Declaration(s) iii. [] Information Disclosure Statement (IDS) iv. [4] Other Petition under Rule 136(a) and Rule 17(a) (1)	
2. [Miscellaneous] a. [] Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months: Fee under 37 CFR 1.17(i) required) b. [] Other	
3. [Fees] The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. [X] The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-2468 i. [] RCE fee required under 37 CFR 1.17(e) iii. [] Extension of time fee (37 CFR 1.136 and 1.17) iii. [] Other b. [] Check in the amount of \$\frac{750.00/375.00}{750.00/375.00}\$ enclosed c. [] Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
Name (Print/Type) William Collard Registration No. (Attorney/Agent) 38,411	
Signature William Collan Date June 10.7005	
CERTIFICATE OF FACSIMILE TRANSMISSION [hereby certify that this paper or fee is being FAXED TO Examiner Suhol, D at (7/3) 872-9300 on June 10, 2000 [William Collusting Collu	